## COMMONWEALTH OF KENTUCKY

## DEPARTMENT OF INSURANCE

## **Agent Licensing Division**

P. O. Box 517, Frankfort, KY 40602, 502-564-6004

http://insurance.ky.gov E-mail – DOI.AgentLicensingMail@ky.gov

## RECORD CORRECTION FORM / CHANGE OF RESIDENT OR NON-RESIDENT LICENSE STATUS

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CHANGE OF NAME. The Department will issue at no charge, a replacement license [KRS 304 9-140/3)]. You mu		below)	(Signature required		e-mail address	)
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( ) e. Amendment of Partnership Agreement (Attach supporting documents)						
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understand, and hereby attest under penalty of perjury, that all the above information is true and correct		Data				
		Date			Signature	

Every licensee is responsible for notifying EACH state in which he/she holds a license of changes in addresses and/or name.

CHANGE OF ADDRESS - Please note, if changing the business city or state address, the Department of Insurance will issue, without charge, a replacement license certificate containing the new address [KRS 304.9-140(3)]. You must return your original issued license certificate with this form [KRS 304.9-200(1)]. License must be conspicuously displayed in each place of business in Kentucky [KRS 304.9-390(2)].

NOTE: You may complete change of address or name electronically through a password-protected account at <a href="http://insurance.ky.gov">http://insurance.ky.gov</a>. Click on eServices, top right corner of the home page, set up user name and password to use electronic license maintenance services.

KRS 304.2-120(4) and KRS 304.9-200(2) require you to notify the Department of Insurance within 30 days, in writing, every time you change your business or residence address. Furthermore, KRS 304.99-020 permits the Department to levy an administrative penalty of up to \$2,000 per violation for failure to report the change, depending on the type of license.